

## U.S. DEPARTMENT OF ENERGY REQUEST FOR APPROVAL OF FOREIGN TRAVEL

This form is provided as a convenience for the collection of Foreign Travel Request data. The form is intended for use as an offline resource to collect data necessary to support the Foreign Travel Management System (FTMS). Completion of the form is not considered sufficient in itself for satisfying DOE Order 551.1B, the data must still be entered into the FTMS for Department of Energy (DOE) tracking and monitoring. Specific question on Foreign Travel or the completion of this form should be directed to your sites Senior FTMS Organizational Point of Contact (Sr. OPOC).

### Section I – Traveler Information

<b>Section I. – Traveler Information. (To Be Completed by Traveler.)</b>				
1. Last Name		First Name		Middle Name or NMN
2. SSN ex. 123-45-6789 Do you have a SSN? ( ) Yes ( ) No				
3. Passport Number			Expiration Date (mon/dd/yyyy)	
4a. Birth Date (mon/dd/yyyy)		4b. Gender ( ) Male ( ) Female		5. Birth Place (City, State/Province, Country)
6a. Citizenship 1) 2)			6b. Permanent Resident Green Card Holder? ( ) Yes ( ) No	
7. DOE Facility/Organization			8. Employee Type ( ) DOE Federal Employee ( ) Other Federal Employee ( ) Contractor ( ) Foreign National ( ) University ( ) Invitational Traveler If Non-DOE specify the name of employer:	
9. Employment Address Street Addr.				
City		State	Zip	Country
10. Contact Information		Work Telephone:		
		Work Fax:		
		Home Telephone:		
		email Address:		
11. Position/Title				
12a. Indicate whether you have held a <b>DOE security clearance</b> within the last 5 years. ( ) Yes ( ) No If yes, indicate the highest level received. ( ) Top Secret ( ) Secret ( ) Q ( ) L ( ) Other				
12b. Indicate whether you have held any other government agency clearances within the last 5 years. ( ) Yes ( ) No If yes, enter agency and clearance level Agency Clearance Level				
13. Notes to other OPOCs.				

Traveler Name: \_\_\_\_\_

**Section II – General Trip Information****Section II. General Trip Information. (To Be Completed By Traveler)**

Use additional general trip information pages as required. Account for all funding types estimated for this trip request.

14. Place of Departure (City, State/Province, Country)					15. Departure Date (mon/dd/yyyy)	
					16. Return Date (mon/dd/yyyy)	
17. Estimated travel costs by funding type.						
Primary Sponsor	Funding Type	Program Office	Funding Codes	Title	Estimated Airfare	Estimated Other
( ) Yes	( ) DOE ( ) Non - DOE ( ) Foreign ( ) DOE Overhead ( ) Salary					
( ) Yes	( ) DOE ( ) Non - DOE ( ) Foreign ( ) DOE Overhead ( ) Salary					
( ) Yes	( ) DOE ( ) Non - DOE ( ) Foreign ( ) DOE Overhead ( ) Salary					
( ) Yes	( ) DOE ( ) Non - DOE ( ) Foreign ( ) DOE Overhead ( ) Salary					
( ) Yes	( ) DOE ( ) Non - DOE ( ) Foreign ( ) DOE Overhead ( ) Salary					
18. Flight Information ( ) Coach ( ) Premium If not coach, give justification of premium travel						
19. Names and Organizations of Headquarters personnel with whom trip has been coordinated.						
Org. Code		Name				
20. Names and Organizations of other personnel with whom you are traveling as a team.						
21. Benefit to Government (include benefit to present position and the Department)						
22. Comments. General comments regarding trip request						

Traveler Name: \_\_\_\_\_

22. Comments, cont.

Specify any paper attachments to this form

Place of return if not same as departure city and reason

Traveler Name: \_\_\_\_\_

### Section III – Trip Itinerary

**Section III. Trip Itinerary. (To Be Completed By Traveler.)**

Use additional itinerary pages as required. Account for the entire time between departure and return. Complete a separate itinerary for each city/country to be visited and for each personal or leave period.

23a. ☐ Yes ☐ No, Is this part of the trip associated with a conference? If yes, specify conference name, start and end dates, country-city of the conference, and the URL if known.

23b. ☐ Yes ☐ No ☐ Unknown, Will anyone from a DOE-designated sensitive country be in attendance at this conference?

Conference Name:

Start Date:

End Date:

Country – City:

URL:

24. Destination Country-City

25. Start Date (mon/dd/yyyy)

26. End Date (mon/dd/yyyy)

27a. Select One or More Primary Purpose(s)

- ☐ Professional conference or workshop  
☐ Seminar/Symposium  
☐ Working group or colloquia (scientific meeting)  
☐ Site Visit  
☐ Research and Development activities under an informal, lab-to-lab, or government-to-government agreement  
☐ Meeting(s) on scientific, technical, project or programmatic matters  
☐ Procurement-related matters  
☐ Official Stop Over  
☐ Personal Leave  
☐ Other(s)

27b. List other primary purpose

28. Technical Justification (i.e. Topics to be discussed, formal presentation or paper)

This part of the trip involves:

- 29a. ☐ Yes ☐ No Lab-to-Lab agreement?  
 29b. ☐ Yes ☐ No University-to-Lab agreement?  
 30. ☐ Yes ☐ No International agreement? If yes, enter agreement:  
 31. ☐ Yes ☐ No Will classified information be discussed?  
 32. ☐ Yes ☐ No Will you be interacting with anyone from a DOE-designated sensitive country?  
 33. ☐ Yes ☐ No Does this Itinerary involve Training?  
 34. ☐ Yes ☐ No Will any part of the trip discuss sensitive subjects as defined by DOE's Sensitive Subject List?  
 35. ☐ Yes ☐ No Will any part of the trip involve information that is subject to U.S. Export Control restrictions?  
 36. ☐ Yes ☐ No Meetings with senior government official(s)? (for non-DOE employees)  
 Please provide official's name, position, and contact information. Describe meeting goals.

37. ☐ Yes ☐ No Embassy assistance will be required? If yes, describe.

38. Contacts

Host Name	Host Phone	Affiliated Institution	Facility to be Visited	Date Visited
After Hours Name		After Hours Phone		

Traveler Name: \_\_\_\_\_

**Reviews and Approvals**

## 1. Local Approver

Name (Type or Printed)	Title	Organization	Signature	Date (mon/dd/yyyy)
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Comments:

## 2. Local Approver

Name (Type or Printed)	Title	Organization	Signature	Date (mon/dd/yyyy)
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Comments:

## 3. Local Approver

Name (Type or Printed)	Title	Organization	Signature	Date (mon/dd/yyyy)
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Comments:

## 4. Head of Organization

Name (Type or Printed)	Title	Organization	Signature	Date (mon/dd/yyyy)
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Comments:

## 5. Programmatic RPSO

Name (Type or Printed)	Title	Organization	Signature	Date (mon/dd/yyyy)
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Comments:

## 6. Funding RPSO

Name (Type or Printed)	Title	Organization	Signature	Date (mon/dd/yyyy)
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Comments: